



# Tree Removal Permit Application Form

## Owner and Contractor Information

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax/Email: \_\_\_\_\_

Contractor/Agent Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax/Email: \_\_\_\_\_

## Site Location and Description

Address: \_\_\_\_\_

Property Folio: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Lot Size: \_\_\_\_\_

SEC.: \_\_\_\_\_ TWP: \_\_\_\_\_ RG: \_\_\_\_\_ LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_

Current Zoning: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Does intended use of property require rezoning or plat approval? ☐ Yes ☐ No

## Work Description

Building Permit Process: \_\_\_\_\_

Number and type of trees to be removed or relocated: \_\_\_\_\_

Reason for relocation or removal: \_\_\_\_\_

## Official Use Only

Received By \_\_\_\_\_

Date Received \_\_\_\_\_

Application Complete? ☐ Yes ☐ No

Date Completed \_\_\_\_\_

Return this application form to **DERM, Natural Resources Division, Forest Resources Program**

33 SW 2 Avenue, Suite 400, Miami, FL 33130 .

For more information call (305) 372-6585 or fax (305) 372-6479